In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

gradient Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

X__None

Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low-

Date: 09th June 2021

Consulting fees

Running title:

Your Name:___Ulrich Fischer-Rasokat

Manuscript number (if known):__CDT-21-286_

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.					
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other items,		
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		needed) Time frame: Since the initial	planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	Timanolar intereses		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	ise place an "X" next to the	following statement to	indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: June 8th, 2021

Your Name: Matthias Renker

Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low-gradient

Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

Manuscript number (if known): CDT-21-286

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	Abbott	Payments made to me	
	lectures, presentations,		·	
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Descipt of aguinment	X None		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
	nse summarize the above co		e following box:	

Please place an "X" next to the following statement to indicate your agreement:

Date: June 9th, 2021

Your Name: Christoph Liebetrau

Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low-gradient

Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Thermo-Fisher, Xenios AG	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	X	Abbott, Astra Zeneca, Bayer, Berlin Chemie, Boehringer Ingelheim, Daiichi-Sankyo, Pfizer-Bristol-Myers Squibb Xenios AG
	testimony		
7	Support for attending meetings and/or travel	X	Abbott, Astra Zeneca, Bayer, Berlin Chemie
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

The author receives lecture, consulting fees and / or support for attending meetings and / or travel fraom Abbott, Astra Zeneca, Bayer, Berlin Chemie, Boehringer Ingelheim, Daiichi-Sankyo, Pfizer-Bristol-Myers Squibb, Thermo Fisher, Xenios AG

Please place an "X" next to the following statement to indicate your agreement:

Date: June 10^{10,} 2021

Your Name: Maren Weferling

Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low-gradient

Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial	planning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
Royalties or licenses	XNone	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past Time frame: past XNone

4	Consulting fees	X None
5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	XNone
Ü	testimony	X_None
	testimon,	
7	Support for attending	X None
,	meetings and/or travel	
	, , , , , , , , , , , , , , , , , , , ,	
8	Patents planned, issued or	X None
	pending	<u> </u>
0	Participation on a Data	X None
9	Safety Monitoring Board or	XNone
	Advisory Board	
10	Leadership or fiduciary role	X None
10	in other board, society,	<u></u>
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
11	Stock of Stock options	X_None
12	Receipt of equipment,	X None
12	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	X None
13	financial interests	X_None
	3000	
Plea	se summarize the above co	nflict of interest in the following box:
	None	

Please place an "X" next to the following statement to indicate your agreement:

June 10th, 2021

Date:

Your Name: Andreas J. Rieth
Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low
gradient Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation
Manuscript number (if known): CDT-21-286

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	cestimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		X None	
11	Stock or stock options	xnone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other	X_140116	
	services		
13	Other financial or non-	X None	
10	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	ise place an "X" next to the	following statement to	indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: June, 09th 2021 Your Name: Andreas Rolf

Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or

Low-gradient Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

Manuscript number (if known): not known

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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
	Detects also and issued an	V. Name	
8	Patents planned, issued or	XNone	
	pending		<u> </u>
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	occon or occon op none		
12	Receipt of equipment,	X_None	
12	materials, drugs, medical	X_NOTIC	
	writing, gifts or other		+
	services		
13	Other financial or non-	XNone	
	financial interests		
	se summarize the ahove co	nflict of interest in the fol	lowing box:
Plea	se summanize the above to		
	one.		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

None

Consulting fees

Date: Feb 25th, 2020

Your Name: Yeong-Hoon Choi

Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low-gradient

Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	XNoneX None	
3	noyalties of licerises	^_None	
4	Consulting fees	Cytosorbents	Scientific advisor

-	Danier and an harmonic f	Cotoronlondo	Constant
5	Payment or honoraria for	Cytosorbents	Speaker honoraria
	lectures, presentations,	Cryolife	Speaker honoraria
	speakers bureaus,	Getinge	Speaker honoraria
	manuscript writing or educational events		
6	Payment for expert	X None	
١	testimony	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9		XNone	
Safety Monitoring Board or			
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

Getinge - Proctor/speaker fees	
Jotec/cryolife - Speaker fees	
Cytosorbents - Scientific advisor/speaker fees	

Please place an "X" next to the following statement to indicate your agreement:

			Non-overt Volume Overload in Patients with ng Transcatheter Aortic Valve Implantation
Maı	nuscript number (if known):		
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
	following questions apply to	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to t	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone	

Time frame: past 36 months

X__None

_X__None

processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

any entity (if not indicated

2

4	Consulting fees	Medtronic	personal
_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		_
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	llowing box:
Ad	dvisory Board Medtronic		

Please place an "X" next to the following statement to indicate your agreement:

Date: June 10th, 2021

Your Name: Won-Keun Kim

Manuscript Title: Predictive Value of Overt and Non-overt Volume Overload in Patients with High- or Low-gradient

Aortic Stenosis Undergoing Transcatheter Aortic Valve Implantation

Manuscript number (if known):

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	1	
2	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	Abbott	Proctor fees, speaker fees

		Boston	Proctor fees, speaker fees, Advisory board, CRC board
		Edwards Lifesciences	Speaker fees
		Medtronic	Speaker fees
		Meril Life Sciences	Proctor fees
		Shockwave Medical	Advisory board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

The author receives personal fees from Abbott, Boston Scientific, Edwards Lifesciences, Medtronic, Meril Li	fe
Sciences, Shockwave Medical	

Please place an "X" next to the following statement to indicate your agreement: